

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** Pharmacists  
DME Providers  
Managed Care Plans  
Regional Administrators  
CSO Administrators

**Memorandum No: 03-20 MAA**  
**Issued:** July 1, 2003

**For Information Contact:**  
1-800-562-6188

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration (MAA)

**Supersedes: 02-50 MAA**

**Subject: Revised Fee Schedule for Wheelchairs**

The Medical Assistance Administration (MAA) has revised the Wheelchair Fee Schedule section in MAA's Wheelchairs, Durable Medical Equipment and Supplies Billing Instructions. The new maximum allowables are **effective for dates of service on and after July 1, 2003**.

Replacement pages I.1-I.26 are attached for MAA's Wheelchairs, Durable Medical Equipment, and Supplies Billing Instructions, dated September 2001. These replacement pages include rebased maximum allowables for wheelchairs and accessories **only**.

To obtain this memorandum electronically, go to MAA's website at <http://maa.dshs.wa.gov> (Click on the Provider Publications/Fee Schedules link).

**Send reimbursement issues, questions, or comments to:**

DME Manager  
Rates Analysis Section  
Division of Business and Finance  
PO Box 45510  
Olympia, Washington 98504-5510  
Fax # (360) 753-9152

**Send authorization issues, questions, or comments to:**

Durable Medical Equipment Program  
Management Unit (DMEPMU)  
Division of Medical Management  
PO Box 45506  
Olympia Washington 98504-5506  
1-800-292-8064  
Fax # (360) 586-5299



## MANUAL WHEELCHAIRS

### PROCEDURE CODES, DESCRIPTIONS, FEES

Procedure Code	Model	Standard Features	July 1, 2003 Maximum Allowable
----------------	-------	-------------------	--------------------------------------

All wheelchairs, modifications, accessories, and repairs  
REQUIRE PRIOR AUTHORIZATION.

#### STANDARD

##### Invacare Corporation

0371E	Tracer EX2	Fixed full-length/desk arms; fixed frame; fixed back; steel; 3-year warranty.	\$ 240.50
-------	------------	---	-----------

##### Everest & Jennings, Inc.

0508E	Traveler	Fixed full-length/desk arms; fixed or swing-away detachable footrests; triple chrome plated steel tubing. <i>Discontinued with dates of service on and after August 1, 2003.</i>	<del>\$ 299.00</del>
-------	----------	--	----------------------

##### Sunrise Medical

0372E	Breezy 100	Removable desk or full-length arms; swing-away footrest or elevating legrests; adjustable seat heights; recline back kit available; 5-year warranty frame and cross-brace; weight limit 250 lbs.	\$ 295.75
-------	------------	--	-----------

#### LIGHTWEIGHT

##### Everest & Jennings, Inc.

0373E	Metro LE	Lifetime warranty on frame and x-brace. <i>Discontinued with dates of service on and after August 1, 2003.</i>	<del>\$ 427.20</del>
-------	----------	--	----------------------

##### Invacare Corporation

0667E	9000 SL	Lifetime warranty on frame and x-brace.	\$ 678.40
1213E	Tracer SX	Chrome plated carbon-steel frame; dual axle position; lifetime warranty on frame and cross-brace; weight limit 250 lbs.	\$ 500.00

## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Model	Standard Features	July 1, 2003 Maximum Allowable
----------------	-------	-------------------	--------------------------------------

### HIGH-STRENGTH LIGHTWEIGHT

#### Everest & Jennings, Inc.

0376E	Metro Plus	Steel frame and aluminum cross-braces; triple axle positions; adjustable height back; lifetime warranty on frame and cross-braces; weight limit 250 lbs. <i>Discontinued with dates of service on and after August 1, 2003.</i>	<del>\$ 716.00</del>
-------	------------	--	----------------------

#### Invacare Corporation

0693E	Patriot	Lightweight; fixed or detachable desk/full arms; fixed or swing-away detachable footrests; aluminum and steel frame; lifetime warranty on frame and x-braces.	\$ 792.80
0686E	9000 XT	Lifetime warranty on frame and x-braces.	\$ 788.80

#### Sunrise Medical

0662E	Breezy 510	Lightweight; fixed or detachable desk/full arms; fixed or swing-away detachable footrests; chrome or powder coated steel frame and aluminum arms; lifetime warranty on frame and x-braces.	\$ 628.00
0687E	Quickie LX	Lightweight; fixed or detachable full-length/desk arms; fixed or swing-away detachable footrests; aluminum and steel frame; lifetime warranty on the frame and x-braces.	\$ 1,040.00
0695E	Breezy 600	Lightweight; fixed or detachable desk/full-length arms; detachable swing-away footrests and leg rests; aluminum frame; lifetime warranty; weight limit 250 lbs.	\$ 728.00

### PEDIATRIC

#### Invacare Corporation

1214E	Orbit	Standard weight; quick release axles; tilt-in-space option available; lifetime warranty on frame, weight limit 150 lbs.	\$ 1,563.20
-------	-------	---	-------------

## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Model	Standard Features	July 1, 2003 Maximum Allowable
----------------	-------	-------------------	--------------------------------------

### Sunrise Medical

1912E	Zippie 2	Lightweight; detachable full-length/desk arms; detachable swing-away footrests; aluminum construction; lifetime warranty. Weight limit 150 lbs.	\$ 1,812.00
1913E	Zippie	Lightweight; fixed or detachable full-length/desk arms; fixed or detachable swing-away footrests; quick release axles; rigid aluminum and steel frame; lifetime warranty on frame. Weight limit 150 lbs.	\$ 1,812.00
1972E	Zippie TS	Lightweight; fixed or detachable full-length/desk arms; fixed or detachable swing-away footrests; 45° tilt-in-space; quick release axles; rigid aluminum & steel frame; lifetime warranty on frame. Weight limit 150 lbs.	\$ 2,120.00
0378E	Zippie GS	Lightweight; detachable full-length desk arms; growable folding or rigid frame option; lift off or swing-away footrests; reversible wheel configuration; quick release axles; lifetime warranty on frame; 150 lbs. weight limit.	\$ 1,720.00

### Convaid Products, Inc.

0379E	Cruiser MDL #CR13F	Lightweight; compact-folding; adjustable seat depth; variable back angle; adjustable foot support; 13" seat width; weight limit 125 lbs.	\$ 961.60
0380E	Cruiser MDL #CX16F	Lightweight; compact-folding; adjustable seat depth; variable back angle; adjustable foot support; 16" seat width; weight limit 200 lbs.	\$ 1,312.00
0382E	Safari Tilt SFT14	Tilt and fold mobile positioning system; 45° tilt-in-space; 14" seat width; weight limit 125 lbs.	\$ 2,100.00

## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Model	Standard Features	July 1, 2003 Maximum Allowable
----------------	-------	-------------------	--------------------------------------

1997E	Cruiser MDL #CR11F	Lightweight; compact-folding; adjustable seat depth; variable back angle; adjustable foot support; 11" seat width; weight limit 100 lbs.	\$ 909.60
-------	-----------------------	--	-----------

1998E	Cruiser MDL #CX14F	Lightweight; compact-folding; adjustable seat depth; variable back angle; adjustable foot support; 14" seat width; weight limit 150 lbs.	\$ 1,205.60
-------	-----------------------	--	-------------

### **Sunrise Medical**

1957E	Xpress	Tilt-in-space mobility base (anti-tip bars; rear storage pocket; quick release rear wheels and pneumatic tires) and adjustable; reversible positioning shell (medium density contoured seat; adjustable seat to back angle; lateral thigh supports; head support; padded hip belt; butterfly harness); 5-yr warranty. Recline options available.	\$ 1,796.00
-------	--------	--	-------------

### **Freedom Design**

0405E	Small Fry	Rigid frame; flip footplates; flip back armrests; anti-tip tubes; front or rear wheel drive; 200 lb. weight limit; lifetime warranty on frame.	\$ 1,596.00
-------	-----------	--	-------------

## RECLINING

### **Sunrise Medical**

1016E	Quickie Recliner	Lightweight; detachable full-length desk arms; detachable swing-away footrests and elevating legrests; aluminum construction; reclines from 90° to 160°; lifetime warranty.	\$ 1,876.00
-------	---------------------	---	-------------

### **Invacare Corporation**

1020E	9000XT Recliner	Lifetime warranty on frame and x-brace.	\$ 1,078.40
-------	--------------------	---	-------------

## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Model	Standard Features	July 1, 2003 Maximum Allowable
----------------	-------	-------------------	--------------------------------------

### TILT-IN-SPACE

#### Sunrise Medical

1107E	Quickie TS	Lightweight; detachable full-length desk; detachable swing-away footrests; 45° tilt-in-space; aluminum and steel frame; quick release axles; lifetime warranty.	\$ 2,260.00
1109E	T45	45° tilt/180° recline frame; adjustable height armrests; swing-away elevating legrests/footrests; weight limit 250 lbs.; lifetime warranty.	\$ 3,016.00

#### Invacare Corporation

1111E	HTR/Tilt Recline Model 5000	Dual seat height adjustment; depth adjustable seat; contour seat and back cushions; 5-year warranty on frame; weight limit 250 lbs.	\$ 1,496.80
1113E	Solo/Solara	55° tilt-in-space; positive lock mechanism; adjustable depth; lifetime warranty on frame & cross-braces; 250 lb. weight limit.	\$ 2,269.60

#### Freedom Design

0407E	Spectrum 1 Folding Tilt	Laterally folding 40° tilt-in-space; solid seat and back with quick release hardware; flip up footplates; flip back armrests; anti-tip tubes; 200 lb. weight limit; lifetime warranty on frame and cross-braces.	\$ 2,236.00
0417E	Spectrum Libre Folding Tilt	Laterally folding 45° tilt-in-space; flip-up footplates; flip-back armrests; anti-tip tubes; 200 lb. weight limit; lifetime warranty on frame and cross-braces.	\$ 2,199.20

### HEAVY DUTY

#### Everest & Jennings, Inc.

1222E	Metro XD	Heavy duty; dual cross braces; 5 year warranty on frame and cross braces; weight limit 400 lbs. <i>Discontinued with dates of service on and after August 1, 2003.</i>	<del>\$ 952.80</del>
-------	----------	---	----------------------

## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Model	Standard Features	July 1, 2003 Maximum Allowable
----------------	-------	-------------------	--------------------------------------

### Invacare Corporation

1211E	Tracer IV	Weight limit 350 lbs.; 5-year warranty.	\$ 716.00
1212E	9000 XDT	Heavy duty/tall wheelchair with triple axle position; lifetime warranty on frame and cross-braces; weight limit 350 lbs.	\$ 940.00

### RIGID

### Everest & Jennings, Inc.

0421E	Champion— 3000	<del>Active duty lightweight; fixed or detachable armrests; fixed or detachable leg rests; folding locking backrest; center of gravity adjustment; rigid composite and aluminum frame.</del> <i>Discontinued with dates of service on and after August 1, 2003.</i>	<del>\$ 1,672.80</del>
-------	-------------------	--	------------------------

### Invacare Corporation

1219E	Invacare A-4	80° front frame; quick release axles; lifetime warranty on frame; weight limit 300 lbs.	\$ 1,628.00
-------	--------------	---	-------------

### Sunrise Medical

0425E	Quickie GP/ Quickie GPV	Active duty ultralight rigid frame; detachable armrests; fixed footrests; quick release axles; titanium and aluminum frame; lifetime warranty.	\$ 1,116.00
0433E	Revolution	Active duty ultralight; compact folding rigid frame; detachable full/desk armrests; fixed footrests; aluminum frame; lifetime warranty on frame.	\$ 1,720.00
0434E	GP Swing-Away	Active duty ultralight; swing-away frame; detachable full/desk armrests; detachable swing-away footrests; aluminum frame; lifetime warranty on frame.	\$ 1,420.00
0385E	Quickie XTR	Active duty ultralight rigid frame; single Mono Shox suspension; aluminum frame; fixed footrests; swing-away detachable armrests; quick release axles; lifetime warranty.	\$ 1,836.00



## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Model	Standard Features	July 1, 2003 Maximum Allowable
----------------	-------	-------------------	-----------------------------------

### CUSTOM HEAVY DUTY

#### Wheelchair Institute of Kansas

1323E	BCW 600	Extra heavy duty frame; detachable full/desk armrests; no footrests; seat width 20-36"; heavy duty stainless steel construction; weight limit 600 lbs.; lifetime warranty on frame.	\$ 1,160.00
-------	---------	---	-------------

### CUSTOM MANUFACTURED

#### Invacare Corporation

1482E	Allegro	Adjustable depth seating; available in both rigid and folding versions; weight limit 250 lbs.; lifetime warranty on frame and cross-braces.	\$ 1,563.20
1416E	Xtra	Lightweight; fixed or detachable full/desk armrests; fixed or detachable swing-away footrests; folding aluminum and composite frame.	\$ 1,135.20
1417E	MVP	Lightweight; fixed or detachable full/desk armrests; fixed or detachable swing-away footrests; aluminum and composite frame; lifetime warranty on frame and x-braces; swing-away front end.	\$ 1,540.80

#### Sunrise Medical

1428E	Quickie 2	Lightweight; fixed or detachable full/desk armrests; detachable swing-away footrests; quick release axles; aluminum frame; lifetime warranty.	\$ 1,556.00
1427E	Quickie 2 HP	Lightweight; fixed or detachable full/desk armrests; fixed footrests; quick release axles; aluminum frame; lifetime warranty.	\$ 1,556.00

### Other Manual Wheelchairs

1499E	Miscellaneous	Other manual wheelchairs not otherwise listed. Provide complete description including copy of manufacturer's product information and price catalog with request for authorization.	80%
-------	---------------	--	-----

Procedure Code	Model	Standard Features	July 1, 2003 Maximum Allowable
----------------	-------	-------------------	--------------------------------------

## **POWER WHEELCHAIRS** **PROCEDURE CODES, DESCRIPTIONS, FEES**

### **NONCUSTOM POWER**

#### **Invacare Corporation**

1503E	Nutron R51 P	LX Fixed or detachable full/desk armrests; fixed or detachable swing-away footrests; folding; <u>with MK5"NX" electronics</u> ; weight limit 250 lbs.	\$ 4,075.75
1504E	Nutron R32LX	Fixed or detachable full/desk armrests; fixed or detachable swing-away footrests; folding; Mark IV electronics; weight limit 250 lbs.	\$ 3,030.25
<del>1533E</del>	<del>Nutron R51 LX-P</del>	<del>Fixed or detachable full/desk armrests; fixed or detachable swing-away footrests; <u>without electronics</u>; folding frame; weight limit 250 lbs.</del> <i><b>Discontinued with dates of service on and after August 1, 2003.</b></i>	<del>\$ 3,415.30</del>

#### **Pride Health Care**

1535E	Jazzy 1100	Adjustable seat height; adjustable height and angle footrest; weight limit 300 lbs.; lifetime warranty on frame; 2-year warranty on motor; and 18-month warranty on electronics.	\$ 4,288.25
0408E	Jazzy 1103	Nonfolding; adjustable seat height; adjustable height and angle footrest; weight limit 250 lbs.; lifetime warranty on frame; 2-year warranty on motor; 18-month warranty on electronics.	\$ 4,245.75
0410E	Jazzy 1170 XL	Nonfolding; adjustable seat height; adjustable height and angle footrest; weight limit 400 lbs.; lifetime warranty on frame; 2-year warranty on motor; 18-month warranty on electronics.	\$ 5,070.25
0416E	Jazzy 1470	Nonfolding; adjustable seat height; adjustable height and angle footrest; weight limit 450 lbs.; lifetime warranty on frame; 2-yr warranty on motor; 18-month warranty on electronics.	\$ 8,232.25

## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Model	Standard Features	July 1, 2003 Maximum Allowable
----------------	-------	-------------------	-----------------------------------

### Sunrise Medical

1505E	Quickie V-100	Detachable desk/full armrests; swing-away detachable footrests; nonfolding frame; weight limit 250 lbs.; 1-year warranty on drive components; 2-year warranty on electronics; lifetime warranty on frame.	\$ 3,395.75
0389E	Quickie V-121	Detachable desk/full armrests; swing-away detachable footrests; folding frame; weight limit 250 lbs.; 1-year warranty on drive components; 2-year warranty on electronics; 5-yr warranty on frame.	\$ 2,970.75

### CUSTOM POWER

### Everest & Jennings, Inc.

1639E	<del>Lancier 2000/- Lancier 2000- LaBac Ready</del>	<del>Compact base frame without electronics; direct drive motors; weight limit 400 lbs.; 3-year warranty on frame; 1-year warranty on motor and electronics.</del> <i>Discontinued with dates of service on and after August 1, 2003.</i>	<del>\$ 4,078.30</del>
-------	---	---	------------------------

### Invacare Corporation

1625E	Storm Arrow 3G Series	Fixed or detachable desk/full armrests; fixed or detachable swing-away footrests; power base and seat <u>without electronics</u> ; independent rear wheel suspension. GB motor with 5-yr warranty.	\$ 6,389.45
1631E	Storm RX 3G Series	Fixed or detachable desk/full armrests; fixed or detachable swing-away footrests; power base and seat <u>without electronics</u> ; independent rear wheel suspension.	\$ 4,925.75
1635E	Storm Arrow 3G Series Base Only	Fixed or detachable desk/full armrest; fixed or detachable swing-away footrests; power base <u>without electronics</u> ; GB motors with 5-yr warranty.	\$ 5,773.20
1636E	Storm RX 3 G Series Base Only	Fixed or detachable desk/full armrest; fixed or detachable swing-away footrests; power base <u>without electronics</u> .	\$ 4,309.50

(Revised July 2003)

# Memo 03-20 MAA

- I.9 -

Wheelchair Fee Schedule

## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Model	Standard Features	July 1, 2003 Maximum Allowable
<b><u>Permobile</u></b>			
1223E	Chairman Entra	Power base; programmable controller; remote swing away joystick; tie down hardware for strap system; weight limit 250 lbs.; lifetime warranty frame; 2-year warranty on all other parts.	\$ 4,950.04
<b><u>Sunrise Medical</u></b>			
1610E	P200	Power base; programmable controller and remote joystick; adjustable height armrests; swing-away footrests; lifetime warranty on frame; 2-year warranty on electronics; 1-year warranty on joystick, motor, and gears.	\$ 6,200.75
0392E	Quickie G-424	Power base; contour seat; center drive 6-wheel independent suspension; fixed and swing-away detachable footrests; detachable armrests; weight limit 350 lbs.; lifetime warranty on frame; 2-year warranty on electronics; 1-year warranty on joystick, motor, and gears.	\$ 4,228.75
0393E	Quickie G-424 (Base Only)	Power base; center drive 6-wheel independent suspension; fixed and swing-away detachable footrests; detachable armrests; weight limit 350 lbs.; lifetime warranty on frame; 2-year warranty on electronics; 1-year warranty on joystick, motor, and gears.	\$ 3,765.50
0394E	Quickie S525	Power base; fixed and swing-away footrests; detachable armrests; weight limit 350 lbs.; lifetime warranty on frame; 2-year warranty on electronics; 1-year warranty on joystick, motor, and gears.	\$ 4,415.75
1613E	Quickie S646 (Base Only)	Power base; programmable controller and remote joy stick; transverse Rock Shox; fenders; lifetime warranty on frame; 2-yr warranty on motors & electronics; 2.5-yr warranty on gear boxes; weight limit 250 lbs.	\$ 6,370.75

## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Model	Standard Features	July 1, 2003 Maximum Allowable
----------------	-------	-------------------	-----------------------------------

1614E	Quickie S646	Power base; adjustable angle seat; programmable controller and remote joy stick; transverse Rock Shox; flip-back armrests; fenders; lifetime warranty on frame; 2-yr warranty on motors & electronics; 2.5-yr warranty on gear boxes; weight limit 250 lbs.	\$ 7,305.75
-------	--------------	---	-------------

### PEDIATRIC POWER

#### Invacare Corporation

1706E	Power Tiger Tilt-in-Space	Fixed or detachable full/desk arms; fixed or detachable swing-away footrests; fixed or swing-away front-end; <u>without electronics</u> ; weight limit 150 lbs.	\$ 2,778.65
-------	------------------------------	---	-------------

#### Sunrise Medical

1705E	Zippie Z500 Power Base	Fixed or detachable full/desk armrests; fixed or detachable swing-away footrests; nonfolding frame; weight limit 150 lbs.; lifetime warranty on frame; 45° tilt-in-space option; 2-year warranty on electronics; 1-year warranty on joystick, motor, and gears.	\$ 5,095.75
-------	---------------------------	---	-------------

#### Other Power Wheelchairs

1799E	Miscellaneous	Other power wheelchairs not otherwise listed. Provide complete description including copy of manufacturer's product information and price catalog with request for authorization.	85%
-------	---------------	---	-----

### THREE AND FOUR WHEELED POWER

#### Invacare Corporation

1820E	Lynx LX-3	Three-wheeled scooter; weight limit 300 lbs.	\$ 2,163.25
1822E	Panther LX-4	Four-wheeled scooter; weight limit 300 lbs.; with deluxe seat.	\$ 2,534.70
1828E	Panther MX-4	Four-wheeled scooter; weight limit 400 lbs.; with deluxe seat.	\$ 3,917.65

#### Leisure-Lift

1821E	Pacesaver or Plus III	Three-wheeler; rear wheel drive; electronic braking; fully padded 360° swivel seat; flip-up arms; adjustable tiller; fits into car trunk.	\$ 2,290.75
-------	--------------------------	---	-------------

(Revised July 2003)

# Memo 03-20 MAA

- I.11 -

Wheelchair Fee Schedule

## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Model	Standard Features	July 1, 2003 Maximum Allowable
----------------	-------	-------------------	--------------------------------------

### **Pride Mobility Products**

1824E	Shuttle 3	Three-wheeler; weight limit 300 lbs.	\$ 2,048.50
0396E	Legend 4	Four-wheeled scooter; weight limit 400 lbs.	\$ 2,494.75
0397E	Celebrity 4	Four-wheeled scooter; weight limit 400 lbs.	\$ 2,766.75
0427E	Legend 3	Three-wheeled scooter; weight limit 400 lbs.	\$ 2,222.75
0428E	Sidekick	Three-wheeled scooter; weight limit 300 lbs.	\$ 1,959.25
0429E	Victory 3	Three-wheeled scooter; weight limit 300 lbs.	\$ 1,823.25
0430E	Victory 4	Four-wheeled scooter; weight limit 300 lbs.	\$ 1,950.75

## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Model	Standard Features	July 1, 2003 Maximum Allowable
----------------	-------	-------------------	-----------------------------------

### **WHEELCHAIR UPCHARGES**

1270E	Seat width upcharge for manual wheelchairs.	80%
1271E	Seat depth upcharge for manual wheelchairs.	80%
1272E	Seat width upcharge for power wheelchairs.	80%
1273E	Seat depth upcharge for power wheelchairs.	80%
E1296	Seat height upcharge for manual wheelchairs.	80%
1274E	Seat height upcharge for power wheelchairs.	80%
1275E	Tall back upcharge for manual wheelchairs.	80%
1276E	Tall back upcharge for power wheelchairs.	80%
1277E	Heavy-duty construction upcharge for manual wheelchair; for patients over 250 lbs.	80%
1278E	Heavy-duty construction upcharge for power wheelchair; for patients over 250 lbs.	80%
0230E	Back cane angle upcharge for manual wheelchairs.	80%

Procedure Code	Model	Standard Features	July 1, 2003 Maximum Allowable
----------------	-------	-------------------	-----------------------------------

## ADD-ON CHARGES FOR WHEELCHAIR CUSHIONS

*Unless otherwise noted, ALL wheelchair cushion codes include a standard cover.*

0135E	Jay pediatric combination cushion with lumbar support (12"x12" and 14"x14" sizes <u>only</u> ) OR Jay adult cushion without lumbar support in sizes 15.5"x16", 15.5"x18", 16"x20", 18"x16", 18"x18", 18"x20", or soft combi-cushion without lumbar support 18"x16", 18"x18", 15.5"x16", or 15.5"x18".	\$	110.40
0142E	Jay standard cushion (molded urethane foam base with liquid pad) in sizes 10"x10", 12"x11", 14"x13", 14"x16", 15.5"x16", 15.5"x18", 18"x16", or 18"x18" <u>only</u> .	\$	376.00
0143E	Jay standard cushion (molded urethane foam base with liquid pad) in sizes 15.5"x20" or 18"x20" <u>only</u> OR Jay quadrant cushion (foam base with quadrant liquid pad and air exchange or incontinent cover) in sizes 10"x10", 12"x11", 14"x13", 14"x16", 15.5"x16", 15.5"x18", 18"x16", or 18"x18" <u>only</u> .	\$	416.00
0144E	Jay quadrant cushion (foam base with quadrant liquid pad and air exchange or incontinent cover) in sizes 15.5"x20" or 18"x20" <u>only</u> .	\$	440.00
0145E	Jay standard cushion (molded urethane foam base with liquid pad) in size 20"x20" <u>only</u> .	\$	476.00
0200E	Jay standard cushion (molded urethane foam base with liquid pad and standard cover) in size 24"x20" <u>only</u> .	\$	500.00
0146E	Jay quadrant cushion (foam base with quadrant liquid pad and air exchange or incontinent cover) in size 20"x20" <u>only</u> .	\$	500.00



## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Model	Standard Features	July 1, 2003 Maximum Allowable
0201E		Jay quadrant cushion (foam base with quadrant liquid pad and air exchanger or incontinent cover) in size 24"x20" <u>only</u> .	\$ 524.00
0147E		Jay active cushion (foam base with fluid pad and adductor wedges) in sizes 14"x16", 16"x16", 16"x18", 18"x16", or 18"x18" <u>only</u> .	\$ 352.00
0148E		Jay active cushion (foam base with fluid pad and adductor wedges) in sizes 16"x20", 18"x20", or 20"x18" <u>only</u> .	\$ 392.00
0150E		Jay adult combination cushion/Jay soft combination cushion with lumbar support in sizes 15.5"x16", 15.5"x18", 16"x20", 18"x16", 18"x18", 18"x20", or 20"x18" <u>only</u> or Jay adult combination cushion/Jay soft combination cushion without lumbar support in size 20"x18" <u>only</u> .	\$ 129.60
0173E		Roho Enhancer in all standard sizes.	\$ 335.20
0175E		Roho Quadtro in all standard sizes.	\$ 327.20
0176E		Roho Nexus air flotation pad/foam base cushion.	\$ 327.20
0178E		Roho dry flotation cushion; single/double valve; high/low profile.	\$ 327.20
0182E		Wheelchair cushion-other special combination (foam, air, and/or gel, with cover); each.	80%
0185E		Wheelchair cushion cover; replacement; each.	80%
0186E		Jay 1" abduction wedge; 1" pelvic obliquity build-up and 8 oz. Fluid supplement.	\$ 28.00
0187E		Jay 2" Abduction wedge.	\$ 32.00
0189E		Jay adult lumbar support.	\$ 36.00
0191E		Jay junior lumbar support.	\$ 32.00

## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Model	Standard Features	July 1, 2003 Maximum Allowable
0202E		Jay Care cushion in sizes 16"x16", 16"x18", 18"x16", or 18"x18" <u>only</u> .	\$ 252.00
0203E		Jay Care cushion in size 20"x18" <u>only</u> .	\$ 284.00
0204E		Jay 2 cushion in sizes 14"x16", 15.5"x16", 15.5"x18", 17"x17", 18"x16", or 18"x18" <u>only</u> .	\$ 340.00
0205E		Jay 2 cushion in sizes 15.5"x20", 18"x20", 20"x16", or 20"x18" <u>only</u> , or Jay GS cushion with pressure relief fluid pad, in sizes 10"x13", 12"x15", 14"x17", 16"x19", or 18"x20" <u>only</u> .	\$ 376.00
0206E		Jay 2 cushion in size 20"x20" <u>only</u> .	\$ 436.00
0207E		Jay 2 cushion in size 24"x20" <u>only</u> .	\$ 456.00
0400E		Jay 2 Deep Contour Cushion, pre-contoured foam base and pre-contoured deep immersion 3D Jay flow fluid Tri-Pad in sizes 14"x14", 14"x16", 15"x15", 15"x17", 16"x16", 16"x18", 17"x15", 17"x17", 18"x16", and 18"x18" <u>only</u> .	\$ 352.00
0404E		Jay 2 Deep Contour Cushion, pre-contoured foam base and pre-contoured deep immersion 3D Jay flow Tri-Pad in sizes 20"x16" and 20"x18" <u>only</u> .	\$ 384.00
0214E		Jay pediatric cushion, without lumbar support in sizes 12"x12" or 14"x14" <u>only</u> .	\$ 100.80
0215E		Jay basic cushion in sizes 14"x16", 16"x16", 16"x18", 18"x16", or 18"x18" <u>only</u> , or Pindot Essential in <u>all</u> sizes.	\$ 49.60
0216E		Jay GS standard cushion in sizes 10"x13", 12"x15", 14"x17", 16"x19", or 18"x20" <u>only</u> .	\$ 384.00
0217E		Jay Triad contoured foam cushion in sizes 16"x16", 16"x18", 18"x16", or 18"x18" <u>only</u> .	\$ 308.00

## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Model	Standard Features	July 1, 2003 Maximum Allowable
0218E		Jay Triad contoured foam cushion in size 20"x18" <u>only</u> .	\$ 312.80
0219E		Jay Xtreme cushion, foam base, in <u>all</u> sizes, or Jay Flow Fluid Tripad and lateral thigh supports in <u>all</u> sizes, or Pindot Ulti-Mate cushion in sizes 16"x16", 16"x18", 18"x16", 18"x18", 20"x16", or 20"x18" <u>only</u> .	\$ 312.00
0231E		Invacare Comfort-Mate Xtra in <u>all</u> standard sizes.	\$ 104.00
0235E		Invacare Essential cushion in <u>all</u> standard sizes.	\$ 49.60
0224E		Invacare Ulti-Mate cushion in <u>all</u> standard sizes.	\$ 340.00
0225E		Invacare Personal Seat cushion in <u>all</u> sizes.	\$ 348.00
0226E		<del>Action 9000 flotation pad in size 16"x16" <u>only</u>.</del> <b><i>Discontinued with dates of service on and after August 1, 2003.</i></b>	<del>\$ 135.20</del>
0227E		Roho Airlite cushion in <u>all</u> sizes.	\$ 132.00
E0962		1" cushion for wheelchair; without cover; each.	\$ 59.49
E0963		2" cushion for wheelchair; without cover; each.	\$ 71.06
E0964		3" cushion for wheelchair; without cover; each.	\$ 67.39
E0965		4" cushion for wheelchair; without cover; each.	\$ 72.04
0294E		Jay 2 Recline Cushion in sizes 18"x16", 18"x18", 17"x17", 15.5"x16", 15.5"x18", or 14"x16" <u>only</u> .	\$ 360.00
0295E		Jay 2 Recline Cushion in sizes 18"x20", 15.5x20", 20"x16", or 20"x18" <u>only</u> .	\$ 396.00
0296E		Jay 2 Recline Cushion in size 20"x20" <u>only</u> .	\$ 456.00
0297E		Jay 2 Recline Cushion in size 24"x20" <u>only</u> .	\$ 476.00

## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Model	Standard Features	July 1, 2003 Maximum Allowable
0298E		Roho Mosaic polyvinyl air cushion.	\$ 84.00
0293E		Otto Bock Cloud cushion with floam in sizes 12"x12", 14"x14", 14"x16", 15"x16", 16"x16", 16"x18", 17"x18", 18"x16", and 18"x18" <u>only</u> .	\$ 348.80
0301E		Otto Bock Advantage cushion with floam in sizes 14"x14", 14"x16", 15"x16", 16"x16", 16"x18", 17"x18", 18"x16", and 18"x18" <u>only</u> .	\$ 303.20
0302E		Otto Bock Z-Flo floam cushion in sizes 16"x16", 16"x18", 18"x16", and 18"x18" <u>only</u> .	\$ 128.80

## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Model	Standard Features	July 1, 2003 Maximum Allowable
----------------	-------	-------------------	--------------------------------------

### **ADD-ON ACCESSORIES, PARTS, AND OTHER WHEELCHAIR CHARGES**

0700E	Armrests, all styles; each.		84%
0701E	Arm trough; each.	\$	140.28
0702E	Hand rims, other than projection or plastic coated.		84%
0705E	Abduction wedge with all hardware.	\$	310.80
K0031	Safety belt/pelvic strap, each.	\$	42.70
0708E	Shoulder harness.	\$	109.20
0711E	Foot rest; each; fixed or adjustable height.		84%
0712E	Swing-away foot rests; each.		84%
0713E	Elevating or articulating leg rest; complete; each.		84%
0714E	Leg trough; each.	\$	294.00
0716E	Calf panel/strap.		84%
0717E	Caster and wheel options/replacement.		84%
0719E	Padded positioning belt; all sizes.	\$	94.08
K0059	Plastic coated hand rim, each.	\$	31.72
0722E	Projection hand rims; per pair.		84%
0723E	Solid seat; complete with all hardware; replacement.	\$	211.75
0724E	Solid back; complete with all hardware; replacement.	\$	317.60
0725E	Headrest with all hardware.	\$	211.68

## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Model	Standard Features	July 1, 2003 Maximum Allowable
0726E		Custom headrest with all hardware.	84%
0727E		Custom trunk; lateral or adductor with all hardware.	84%
0729E		Airless inserts; rear tire.	84%
0730E		Airless inserts; front tire.	84%
0731E		Invacare Modular Personal Back Plus.	\$ 525.00
0733E		Raised abductor; extended abductor; extended adductors or Velcro mount for Invacare Contour-U seating system.	\$ 79.80
0735E		Solid seat complete with all hardware on a new wheelchair.	\$ 201.75
0736E		Shoe holder; pair.	\$ 119.28
E0992		Solid seat insert.	\$ 105.00
0738E		Respirator/ventilator tray with all hardware.	84%
0739E		Power recline system for power wheelchair; complete with activation switch – other.	84%
K0065		Spoke protectors, each.	\$ 44.46
0744E		Oxygen tank holder.	\$ 105.00
0745E		Solid back complete with all hardware on a new wheelchair.	\$ 307.60
0746E		Manual recline back.	84%
0747E		Invacare modular personal back.	\$ 436.80
0748E		Invacare foam-in-place personal back.	\$ 525.00

## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Model	Standard Features	July 1, 2003 Maximum Allowable
0749E		Invacare foam-in-place personal back plus.	\$ 693.00
0750E		Steering control for wheelchair powerdrive; other than standard.	84%
0751E		Jay 2 back.	\$ 373.80
0753E		Jay Care back.	\$ 327.60
0755E		Tray; complete with all hardware.	\$ 202.20
0756E		Invacare Contour-U back cushion with “all” modifications.	\$ 726.60
0757E		Invacare Contour-U seat cushion with “all” modifications.	\$ 726.60
0760E		Tray; custom; complete with all hardware.	84%
0762E		Aluminum pan/wood mounting for Invacare Contour-U seat or back.	\$ 172.20
0763E		Dial links for Invacare Contour-U seating system.	\$ 189.00
0770E		Trunk supports; pair; with all hardware; lateral support pad with hardware; abduction wedge.	\$ 185.64
0772E		Battery; acid; each. Spill-proof caps included in the reimbursement for a power driven wheelchair.	\$ 128.01
0775E		Battery; gel; each. Spill-proof caps included in the reimbursement for a power drive wheelchair.	\$ 163.06
0777E		Invacare Ulti-Mate Base solid seat with cushion and mounting hardware; all standard sizes.	\$ 507.36
0781E		Power tilt-in-space or tilt/recline for power wheelchairs; adult or pediatric – other.	84%
0782E		Tilt-in-space for manual wheelchairs; pediatric.	\$ 551.04

## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Model	Standard Features	July 1, 2003 Maximum Allowable
0788E		Jay 2 Tall Back.	\$ 424.20
0977E		Jay 2 Deep Contour Back.	\$ 517.44
0791E		Custom seating system; back; miscellaneous.	84%
0792E		Custom seating system; seat; miscellaneous.	84%
0793E		Custom seating system accessories; miscellaneous.	84%
0794E		Jay Duo Contoured Solid Seat with mounting hardware and polyurethane-covered foam cushion with Jay Flow Pad in sizes 16"x16", 16"x18", 18"x16", or 18"x18" <u>only</u> .	\$ 264.60
0795E		Jay Duo Contoured Solid Seat with mounting hardware and polyurethane-covered foam cushion with Jay Flow Pad in sizes 20"x18" <u>only</u> .	\$ 298.20
0703E		Invacare Comfort-Mate Extra Base solid seat with cushion and mounting hardware in any size.	\$ 243.60
0799E		Other wheelchair accessories not otherwise listed. Provide complete manufacturer's product information and price catalog with authorization request.	84%
E0958		Wheelchair attachment to convert any wheelchair to one arm drive.	84%
E0959		Amputee adapter (device used to compensate for transfer of weight due to lost limbs to maintain proper balance).	\$ 85.86
E0961		Brake extension, for wheelchair (per pair).	\$ 24.55
E0971		Anti-tipping device, wheelchair (per pair) (add rear).	\$ 55.89
E0974		"Grade-aid" (device to prevent rolling back on an incline) for wheelchairs.	\$ 76.72
0825E		Hand control.	84%



## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Model	Standard Features	July 1, 2003 Maximum Allowable
0815E		Cross-brace; each – replacement.	84%
0840E		Module/controller replacement.	84%
0845E		Motor; each – replacement.	84%
0851E		Replacement tire/tubes.	84%
0852E		Complete wheels – replacement.	84%
0853E		Low wheel package.	\$ 98.28
0854E		Side guards; per pair.	\$ 105.00
0858E		Replacement of sling seat.	84%
0859E		Replacement of sling back.	84%
0978E		Adjustable tension sling backs.	\$ 199.75
0865E		Side frame; each – replacement.	84%
0899E		Other wheelchair parts not otherwise listed. Provide complete description including manufacturer's product information and price catalog with authorization request.	84%
0905E		Labor for wheelchair repairs; per quarter hour. (Troubleshooting, delivery, evaluations, travel time, etc. are included in the reimbursement for the parts and accessories.)	\$ 17.43
0960E		Brakes.	84%
K0034		Heel loop, each.	\$ 18.83
K0035		Heel loop with ankle strap, each.	\$ 24.52
K0036		Toe loop, each.	\$ 18.83
0973E		Reupholster of solid seat.	84%

## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Model	Standard Features	July 1, 2003 Maximum Allowable
0974E		Reupholster of solid back.	84%
K0037		High mount flip-up footrest, each.	\$ 48.16
K0040		Adjustable angle footplate, each.	\$ 74.67
K0041		Large size footplate, each.	\$ 52.92
0976E		Anti-thrust modification for solid seat.	\$ 54.96
K0088		Battery charger, single mode, for use with only one battery type, sealed or non-sealed.	\$ 262.62
0742E		Electronics for power wheelchair.	84%
0778E		Roho Symmetrix back system.	\$ 987.00
0801E		Otto Bock Pro Contour Back 2; back system.	\$ 370.60
0802E		Otto Bock Pro Contour Back 3; back system.	\$ 437.75

## Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Model	Standard Features	July 1, 2003 Maximum Allowable
----------------	-------	-------------------	-----------------------------------

### WHEELCHAIR RENTALS

*ALL wheelchair rentals require prior authorization.*

*Rental rates are calculated on a monthly basis unless otherwise indicated.*

*All monthly rentals require RR modifier.*

K0001	Standard wheelchair (all styles of arms, foot rests, and/or leg rests.)	\$	54.62
K0003	Lightweight wheelchair (all styles of arms, foot rests, and/or leg rests.)	\$	89.59
K0006	Heavy-duty wheelchair (all styles of arms, foot rests, and/or leg rests.)	\$	125.41
1530E	Power wheelchair; pediatric.	\$	457.23
1465E	Power wheelchair; adult.	\$	346.27
E1230	Power-operated vehicle (three- or four-wheel nonhighway), specify brand name and model number.	\$	189.08
1960E	Pediatric manual wheelchair with fixed arms and fixed foot rests.	\$	96.58
1961E	Pediatric manual wheelchair with fixed arms and swing-away or elevating leg rests/foot rests.	\$	95.15
1962E	Pediatric manual wheelchair with detachable arms and swing-away or elevating leg rests/foot rests.	\$	117.60
E1060	Fully reclining wheelchair; detachable arms, desk, or full-length, swing-away, detachable, elevating leg rests.	\$	124.22

**Wheelchairs, Durable Medical Equipment, and Supplies**

<b>Procedure Code</b>	<b>Model</b>	<b>Standard Features</b>	<b>July 1, 2003 Maximum Allowable</b>
---------------------------	--------------	--------------------------	---

**This is a page is blank...**